The Charge Nurse Role

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Background

- Competencies of head nurses, administrators & nurse executives studied
- Little research on charge nurses
- One study found examining process of making assignments by charge nurses
- Increased interest in role

Theoretical

- View competencies as expectations professional have for particular role
- Expectation of self & significant people in environment such as head nurses, supervisors, staff nurses
- Used Katz's 3 managerial skill categories as probes (conceptual, technical, human)
- Changed conceptual to organizational & added critical thinking

Design

- Qualitative, descriptive design
- Data from 42 semi-structured interviews
- Constant comparative analysis
- Stratified purposive sampling (Patton, 1990)
- Civilian research assistant to conduct interviews

Sample

- Staff Nurses (11)
- Charge Nurses (12)
- Head Nurses (10)
- Supervisory (9)
- Charge Nurses and Head Nurses in job at least 6 months

Demographics

- 33 females/9 males
- Most had BSN (64%) or MSN (29%)
- Charge nurses average of 5 years experience (range less than one-17 years)
- Head Nurses 2.8 years of management experience

FINDINGS

Purpose

- Examine competencies needed of nurses serving in charge nurse role
- Identify barriers & facilitators of charge nurse role

Competencies

- *54 specific competencies in 4 categories*
- Clinical/technical (15)
- Critical thinking (13)
- Organizational (9)
- Human relations (17)

Clinical/Technical Competencies

- Represents responsibilities of charge nurses directly related to patient care or some technical aspect of working on clinical unit.
- *Examples*: Calculate patient acuities, assisting staff in completing their work, act as clinical resource, delegate workload appropriately & fairly

Critical Thinking Competencies

- Represent responsibilities of charge nurses addressing effective decision-making & problem-solving involving both clinical & operational issues on unit.
- *Examples*: Anticipate patient needs, staffing requirements, manage crises, assess/evaluate clinical & operational information

Organizational Competencies

- Represents responsibilities of charge nurses to understand & operate in organizational environment on unit as well as in larger organization.
- *Examples*: Coordinate multiple tasks, deal with interruptions, use own method to keep organized, prepare prior to shift

Human Relations Competencies

- Represents responsibilities of charge nurses to interact effectively with other personnel to accomplish requirements of patient care as well as administrative activities.
- *Examples*: Be accessible, influence atmosphere of unit in positive manner, demonstrate caring with patients & staff

Further clarification

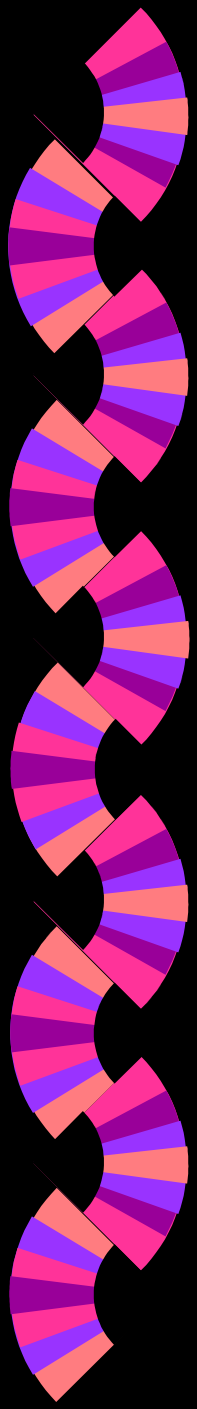
- Developed a more complete competency statement
- Explanation based on research
- Representative quotations

Characteristics

- Informants shared 15 characteristics of effective charge nurses
- Not specific competencies, but more like personal traits or attributes
- Difficult to develop in the short term
- Some considered pre-requisite for role

Characteristics (15)

- Accountability
- Assertiveness
- Attitude (positive)
- Authority
- Confidence
- Need to control
- Fairness



- Flexibility
- Humor
- Image
- Initiative
- Maturity
- Learn from mistakes
- Command respect
- Responsibility

Themes

- Immense amount of responsibility
- Importance of human relations competencies/caring
- Making the best use of all resources
- Using critical thinking to troubleshoot & think ahead
- Relationship between the head nurse & charge nurse

Importance of human relations competencies/caring

"Try to have a cohesive atmosphere, too. And I really think units function so much better if everybody looks at it as, you know, a joint effort…the atmosphere is teamwork…"

Making best use of all resources

"That means having the basic knowledge, but not necessarily knowing it all…And also knowing who their resources are in the organization. Even as charge, you can be a charge nurse when you're fairly junior as long as you know who's to help you out if you get yourself in a corner."

Using critical thinking to troubleshoot & think ahead

"I guess you have to triage the situation, if you will, meaning you have to ultimately decide what has to happen for the patient and work backwards.'

Crucial relationship between head nurse & charge nurse

"If the head nurse feels that we will bend over backwards and go that extra mile for our patients, then the charge nurses usually accept that and go with it."

Charge nurse: clinical & admin

- Based on findings, charge nurse meets definition by Katz of administrator
- One who a) directs activities of other persons; b) undertakes responsibility for achieving certain objectives through efforts
- Not often considered entry-level management position
- Balance clinical & administrative functions

Barriers & Facilitators of the Charge Nurse Role

Barriers & Facilitators

- 28 factors, could be either barrier or facilitator
- Depends on situation or person whether barrier or facilitator.
- *Three categories*:
  - Personal (12)
  - Interpersonal (10)
  - Organizational (6)

Personal

- Control of situations
- Organization/time management system

- “I think overall control. Not control of people & what they are doing, but control over situations that arise.”
- “An organized CN makes the shift run more smoothly & mostly in terms of getting the appropriate assignments done.”

Personal

- Arrive early to plan assignments & assess unit
- The “big picture”
- “They need to come to work a little earlier than everyone else, get a feel for the ward, feel for what’s going on with the patients before they even go into report.”
- “He is very good at looking at their whole situations & making correct decisions.”

Personal

- Rank
- Abuse of the role

- “Having them be in charge of so many things can be too much for a junior person.”
- “They’ll use that role as like a power, a power tool pretty much.” “There are nurses here who …look at charge nurse as a day off…”

Personal

- Overloading self & not delegating appropriately
- Unfair/Fair assignments
- Experience/Inexperience of charge nurse
- Confidence (or lack of)
- Interest (or non-interest) in role
- Handle stress

Interpersonal

- Respect (or lack of) from others
  - "That you're respected because you make the final decision, & because when it comes down to it, you are responsible for the decision."
  - "If you don't have the support & respect of subordinates that would be a barrier."

Interpersonal

- Communication with supervisors

- “And now I butt heads with so many supervisors they don’t argue with me too much any more so I kind of don’t have that problem.”
- “Your supervisor can be a facilitator, it can always go back & forth.”

Interpersonal

- Expectations of head nurse

- “That head nurse is facilitator for just about all things that should be happening on that ward.”
- “And then you have a lot of others which are totally, have just given up, I don’t mean given up, but just not, are uninvolved & uninterested, it appears, in what the operational aspects of the ward is.”

Interpersonal

- Support system--support from others for charge nurse's decisions
- Being tested by staff
- Expectations of the charge nurse
- Leadership from head nurse
- Supportive/unsupportive clinical staff--antagonism or cohesion
- Staff perceptions of the role
- Communication

Organizational

- Ancillary staff/support or lack of
- Standard Operating Procedure for the charge nurse

- “A nightmare as far as charge nurse duties is (to have) a lack of ancillary support, & having to deal with that continuously.”
- “And so an SOP spelling out everything that the charge nurse is supposed to do would be nice.”

Organizational

- Facility or organizational--paperwork, memos.
- Clerical staff (or lack of)
- Pulling clinical staff from the unit
- Staffing

Response to role

- Varied among nurses
- Some did not like role; “you get stuck with it;” others enjoyed it.
- Most agreed they needed break after a few days of being charge
- 2LTs looked forwarded to role as opportunity to demonstrate leadership
- Others thought needed to be tried & tested before

Themes

- Immense amount of responsibility
- Importance of human relations skills/caring
- Relationship of head nurse & charge nurse
  - Feedback from supportive people
  - Developmental relationship
- "Staying focused on the patients"

  "The prime focus is the patient care. Everything else comes second. So long as the patient needs are satisfied, then you're fine."

Workshop: The next step

- Two day charge nurse workshop
- Scenario & experience based
  - role-playing, analysis of cases, debriefing specific situations
- Team-building exercises

Advice for Head Nurses

- Plan for development of charge nurses
  - Use competency list
  - Get them to a workshop for charge nurses
- Make sure they know your philosophy
- Emphasize they are your extension on other shifts
- Role model: get out there & let them see you in charge
- Provide emotional support: listen to their concerns

Conclusions

- Charge nurse critical role for quality
- Expectations fairly extensive
- Need to be developed & supported in role
- Head nurse-charge nurse relationship crucial to success of both individuals & unit

References

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